

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>msf</i>		8/28/99
O.I.P.E. CLASSIFIER		16	5-28-99
FORMALITY REVIEW	<i>qu</i> <i>Be</i>	71423 7423	6-4-99 7-27-99

# INDEX OF CLAIMS

✓ ..... Rejected  
 - ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
1	8/12/01
2	11/1/01
3	7/2/02
4	7/1/03
5	7/1/03
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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